

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10822259 FILING DATE 04/09/04
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5	1					
6		1				
7		2				
8	1					
9		1				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18	1					
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27	1					
28		1				
29		2				
30		4				
31		4				
32		4				
33		4				
34		4				
35		4				
36		4				
37	1					
38		1				
39						
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	21					
TOTAL CLAIMS	27					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						